



Medium Term Plan 2025-28

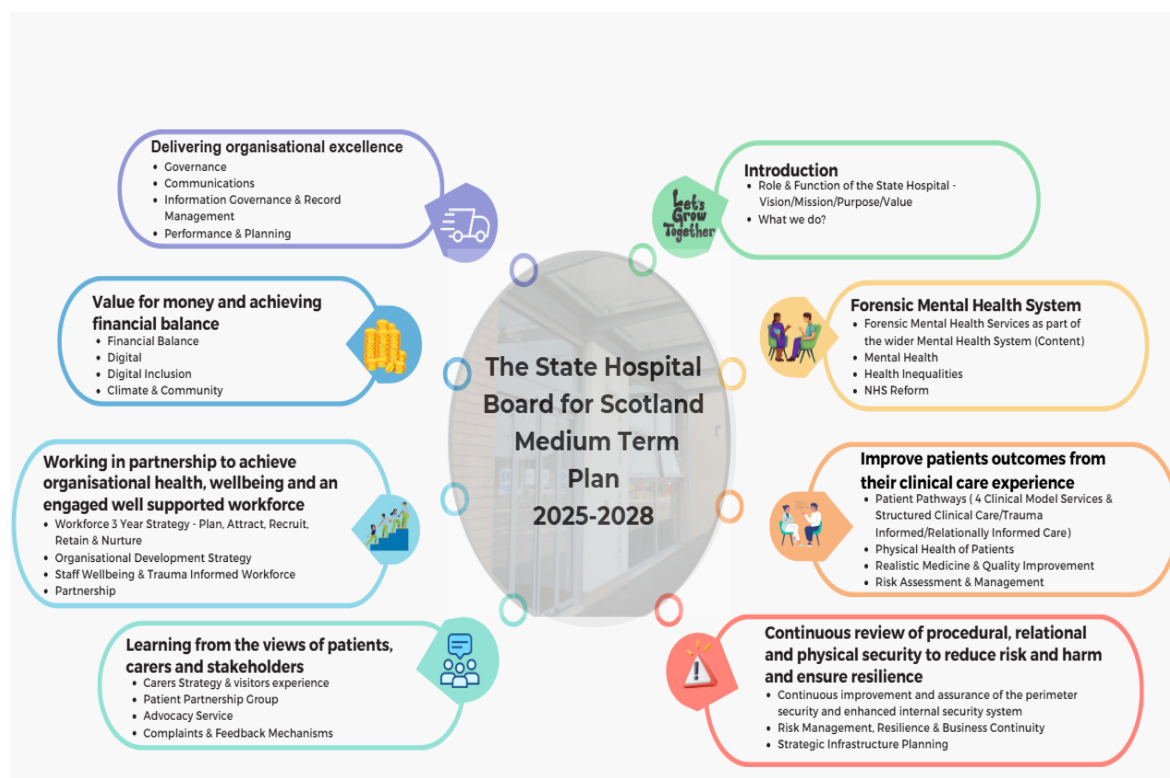
NHS Board: The State Hospital

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1 STRUCTURE AND CONTENT

The State Hospital has developed the Medium Term Plan (MTP) following extensive engagement in 2024/25 across all staff groups. Each Directorate and all Heads of Service have developed local three year plans, these plans have been used to develop the overall MTP. All Directorates discussed and reflected on the vision/mission of the State Hospital, which has been revised following the consultation. The critical success factors which are central to the achievement of the State Hospital vision and mission have been used as pillars to structure the MTP. Through the engagement process, and over the delivery of this MTP, the focus has been on delivering effective care and treatment through the balance of organisational performance and health.



2 INTRODUCTION

This medium term plan details the high level priority actions that the State Hospital Board for Scotland will progress over the years 2025 to 2028. The plan forms part of NHSScotland's planning framework and has been developed in tandem with the Financial Plan and the Workforce Plan and is set within the wider NHS reform framework. It also reflects that financial challenge and pressures felt across the whole of NHSScotland health system.

The State Hospital is the national high secure forensic mental health care provider for Scotland and Northern Ireland. The organisation provides specialist individualised assessment, treatment, and care in conditions of high security for patients with major mental disorders and intellectual disabilities. The patients, because of their dangerous violent or criminal propensities cannot be cared for in any other setting. Working closely with partners in the Forensic Network for Scotland, the organisation is recognised for high standards of care, treatment, research, and education.

An extensive consultation exercise was carried out in 2024/25 with staff, stakeholders, and patients. This activity supported the development of the Medium Term Plan 2025-28 and the revised vision, mission and critical success factors that are required to deliver excellent forensic mental health care and treatment.

The following was agreed:

- **The vision** is to be a leader in delivering relationally informed, person centred, high-secure mental health care that enables recovery whilst ensuring the safety and wellbeing of staff, patients, and the public.
- **The mission** of the hospital is to assess and treat major mental disorders in a secure and person centred care environment that manages risks, supports recovery, rehabilitation, and onward progression.

Critical success factors are the central things we do to achieve our mission and focus on:

- Improving patient outcomes from their clinical care experience.
- Continuous review of procedural, relational and physical security to reduce risk and harm and ensure resilience.
- Learning from the views of patients, carers, and stakeholders.
- Working in partnership to achieve organisational health wellbeing and an engaged well supported workforce.
- Value for money and achieving financial balance.

The values of the State Hospital align with NHSScotland, they are:

- Care and compassion.
- Dignity and respect.
- Openness, honesty, and responsibility.
- Quality and teamwork.

The core clinical focus of the State Hospital is to deliver forensic mental health care as part of normal business. Oversight and governance of care and treatment metrics is monitored through the Clinical Governance Committee. Governance of workforce is through the Staff Governance Committee, with the Risk and Audit Committee having oversight of finance and risk issues. All committees report through the Board. An overview of the governance structure for the State Hospital as detailed later in the document.

3 ROLE AND FUNCTION OF THE STATE HOSPITAL

The State Hospital leads on the delivery of exceptional and innovative care, treatment, and risk management to support patients in their recovery journey and improve their mental health. The State Hospital aims to support patients to actively participate in their treatment, experience improved overall health and wellbeing whilst ensuring public safety within a high secure environment.

The State Hospital is one of the twenty-two NHS Boards within NHSScotland. It is a national board with responsibility for the provision of high secure Forensic Mental Health Services in Scotland and Northern Ireland, working from a single site in Carstairs, South Lanarkshire. The site is in a rural location. The State Hospital has one hundred and twenty beds available for male patients, one hundred and eight beds for patients with Major Mental Illness and twelve beds for patients with Intellectual Disabilities. In 2025 the State Hospital will open an interim high secure inpatient service for women. The State Hospital site also has protected patient space on site as a resilience and contingency measure if patients were required to move from their current wards.

4 MENTAL HEALTH

The Mental Health and Wellbeing Strategy was launched in 2023 and outlines the legislative background and strategic ambition and focus for Mental Health and Wellbeing in Scotland. The associated Mental Health and Wellbeing Workforce Action Plan 2023-25, and the Mental Health and Wellbeing Strategy Delivery Plan 2023-25 were launched in November 2023. These documents outline priorities for Scottish Government which include strategic planning and governance of Forensic Mental Health Services and the provision of a high secure female service in Scotland.

The provision of the Mental Health (Care and Treatment) (Scotland) Act 2003 allows for detention in hospital and compulsory medical treatment on the grounds of mental disorder. Rigorous safeguards apply which include the right to independent advocacy, an independent mental health tribunal for Scotland and the independent Mental Welfare Commission (MWC). Scottish Government have committed to consider changes to practice and legislation to improve or simplify the delivery of forensic mental health services. There are two recent publications of particular relevance to mental health direction for Scotland, these are:

1. The Independent Review of Forensic Mental Health Services.
2. The Scott Review.

The State Hospital are aware and aligned to the ongoing development and delivery of relevant recommendations from these reports.

The State Hospital support and participate with safeguarding approaches and will engage with discussions regarding any changes to legislation. Regular reviews are held by the Mental Welfare Commission within the State Hospital. Mental Welfare Commission visits provide a rigorous assessment of care quality and safety for patients and identify any areas for improvement. The State Hospital secured a Service Level Agreement (SLA) with an independent advocacy service through a procurement process in 2024. The Advocacy service have full access to patients and continue a programme of development to provide support to patients.

Healthcare Improvement Scotland will recommence safe delivery of care inspections of Adult Inpatient Mental Health services from January 2025. These unannounced inspections will provide focus on infection prevention and control and wider determinants of safety and quality of care in accordance with the safe delivery of care inspection methodology. This approach will provide robust public assurance and support services to identify and reduce risks. The State Hospital will engage with and support this new approach to care inspections as part of its approach to ensuring excellent care and treatment for patients.

5 FORENSIC MENTAL HEALTH SERVICES

Forensic mental health services as part of wider mental health system

The State Hospital operates as the high security provider within a wider Forensic System and connects with a range of partners in health, criminal justice, policy, and resilience. The State Hospital links with the Forensic Network and wider NHS and independent providers of health care. The State Hospital is an active collaborator in system leadership and NHS Reform. The State Hospital has provided leadership in the Healthcare and Custody Oversight Group, collaborate on National Executive Leads and participate in the national Strategic Planning Board with a focus on Mental Health. It is recognised that the forensic system is a dynamic landscape, and that the emerging strategic direction of forensic services for Scotland is evolving. The State Hospital will continue to review its cross-boundary collaboration and seek areas for improvement in cross system leadership where appropriate.

To facilitate further collaboration in Forensic Mental Health Services, the Scottish Government commissioned the Forensic Network to carry out further work on capacity across the estate in September 2024. The Forensic Network brought together NHS Boards and forensic mental health services to develop a plan to improve access to services and reduce variation between services. The focus was to reduce variation in referral criteria, minimise differences in management of waiting lists, achieve greater cohesion in the delivery of secure inpatient services, and streamline escalation and dispute resolution processes. The Forensic Network reported findings to the Scottish Government. The State Hospital will contribute to achieving improvements outlined in this plan, including exploring regional agreements to enhance cohesion in service delivery.

5.1 Forensic Mental Health Board for Scotland

The Scottish Government, in response to recommendation one of the Independent Review into the Delivery of Forensic Mental Health services has committed to develop plans to establish a Forensic Mental Health Board for Scotland. This Board would be established with the aim of delivering a national approach to the planning and governance of forensic mental health inpatient services.

A Forensic Governance Advisory Group was established in October 2024 to advise ministers on operational and practical changes needed to transition from the existing governance arrangements for adult mental health services to a Forensic Mental Health Board for Scotland by exploring options detailed in their Terms of Reference. The group will provide a report to advise on how best to improve integration of existing national and local pathways of care providing adult forensic service. The group are due to report in May 2025

5.2 NHSScotland Reform

As part of NHSScotland, the State Hospital has a contribution to the strategic priorities that will support delivery of public service reform. The NHS requires major reform to ensure that it is a sustainable health service that is fit for the current and future population needs. In June 2024, the Cabinet Secretary for Health and Social Care set out a new vision for health and social care services in Scotland to address the challenges and provide focus on reform. These challenges include threats from infectious diseases, life expectancy stalling and widening health inequalities. The demand on and utilisation of health and social care services continues to increase, and the climate emergency requires us to adapt behaviours and embrace new technologies to reduce carbon. Scottish Government vision is to enable people to live longer healthier and more fulfilling lives and is supported by four key areas of work: improving population health, a focus on prevention and early intervention, providing quality services and maximising access, all underpinned by person centred approach.

Scottish Government is committed to developing a transformation programme to deliver a number of related change projects and activities, detailed in the Mental Health and Wellbeing Strategy Delivery Plan 2023-2025. The State Hospital will engage and collaborate to support this transformation and reform agenda.

MTP action number	Planning Commitment	The State Hospital Board Action	Delivery timescale
1.1	The State Hospital will engage with the emerging strategic direction for the Forensic Mental Health Board for Scotland.	The State Hospital will engage with the recommendations from the Forensic Governance Advisory Group and work with Scottish Government and other stakeholders to progress these.	2025-2028

MTP action number	Planning Commitment	The State Hospital Board Action	Delivery timescale
1.2	Forensic Network recommendations to improve access to Forensic Mental Health Services.	The State Hospital will contribute to achieving improvements outlined in this plan which is aimed at exploring regional agreements to enhance cohesion in service delivery.	2025-2026
1.3	Public service reform and cross system collaboration.	Engage and collaborate to support public service reform and transformation.	2025-2028

6 WOMEN'S SERVICE

Women's high secure forensic service development in Scotland

The Scottish Government, in response to recommendation three of the Independent Review into the Delivery of Forensic Mental Health services has committed to the development of a plan to deliver services in Scotland for woman who need high secure care and treatment in the short and long term. There is currently no provision for high secure forensic mental health care and treatment for women in Scotland. The State Hospital has been working alongside stakeholders to support this commitment. Discussions with legal and ministerial colleagues in November 2024 resulted in an agreement to develop an interim service model of female high secure patients at the State Hospital.

A high secure female service in Scotland is an additional service, separate from the current funding the State Hospital receives to deliver a male high secure service. A female service requires both capital and revenue funding to be taken forward as a separate funding stream from Scottish Government. In January 2025, funding was confirmed by the Mental Health Directorate to progress with both Phase 1 and 2 aspects of the female high secure service in the State Hospital. A project team was then established to take forward planning.

In early 2025, the project team commissioned a feasibility study on Phase 2 of the development of a medium to long term female high secure service. They also commenced development of plans for the interim service in collaboration with key stakeholders. A Project Initiation Document was agreed by Corporate Management Team (CMT) and the State Hospitals Board in February 2025. A project governance and reporting structure is in place to receive regular reports on progress and risks. A Project Oversight Board will be established to oversee the work programme.

The development of the high secure female service will be taken forward in two interconnected phases.

6.1 Phase 1 – Interim and Outreach Service Model

The State Hospital will progress a High Secure Female Service development in Quarter 1/2 2025 with the objective to:

- Develop and implement an interim woman's service model for patients who have been clinically assessed as requiring high security care and treatment.

- Develop and implement an outreach service model from high security to medium security providers and Scottish Prison Service, based on the Rampton outreach model. The outreach service will aim to work in partnership with service teams to support the management of patients who may require referral and admission to the State Hospital.

6.2 Phase 2 Medium – Long Term Service Model for high secure female inpatient services

Oversee the development and implementation of a capital development following the outcome from a professional design team feasibility report. This will create a dedicated care and treatment centre. Timelines and project milestones will be agreed following the outcome of the design team's feasibility study, it is anticipated it is likely to be circa 36 months.

It is the intention that Phase 1 will integrate and co-locate with Phase 2 on its completion, therefore co-locating the three aspects of the patient's treatment journey into a central 'treatment hub' at the State Hospital.

A female high secure service would be segregated from the male service to protect patients and support recovery. This is in line with how similar services are delivered in England. A female high secure service will require segregated arrangements to provide:

- Access to Activity.
- Grounds / Outdoor access.
- Dedicated therapeutic and recreational physical environment.
- Activities Centre.
- Access to Healthcare Services.

Women in secure services can have a background of extreme adverse childhood events, low self-esteem, poor assertiveness, extreme vulnerability and are likely to lack the interpersonal resources to deal with a largely male population. Evidence from England and Wales reveals that sexual incidents are commonplace in mixed gender mental health environments, ranging from sexualised language to harassment and sexual assault. There is also a lack of dignity for women in mixed gender environments. There is a risk that women are unlikely to move beyond 'safety and stabilisation' in their clinical treatment journey if they are within a mix gender environment.

There is distinct difference between providing care for high secure forensic male and female patients, some of the unique needs of female patients are detailed below.

- Most females have a diagnosis of Post Traumatic Stress Disorder (PTSD).
- Over half of female patients will have experienced childhood physical and sexual abuse – this is predictive of health harming behaviours. Aggression is displayed differently in women and men.
- Managing behaviours are complex often demonstrated through disruptive interpersonal relationships. Fear of abandonment can be overwhelming and lead to very extreme behavioural incidents.
- There is a higher incidence of challenging behaviour and self-harm in females resulting in higher interventions with rapid tranquilisation, seclusion, and intense interventions. This is demonstrated in data from Rampton Hospital on their intervention rates when compared to the State Hospital male population.

To provide care and treatment for female high secure patients a specialist workforce would be required. Staff will need specific training to create a safe therapeutic environment that works for women. In Rampton, Trauma Informed Care is embedded into staff practice and clinical care is structured into three domains:

1. Safety and Stabilisation.
2. Insight and Processing.
3. Treatment and Recovery.

There is a higher staff burn out rate on women's high and medium secure wards. Given the complex, and very distinct needs and risks of this population, service developments need to be strongly underpinned by relational and trauma informed principles

6.3 Options to Develop the High Secure Female Medium - Longer term service model

To advise on phase 2 of the project to develop a female high secure service, the State Hospital commissioned a Lead Advisor to develop and produce an Initial Design Assessment proposal for a National High Secure Healthcare Service for Women in Scotland. The Initial Assessment proposal for the project will be presented quarter 1 2025/26.

The initial design assessment will consider four options for the development of the service on site in the State Hospital and make recommendations on the feasibility, costs, and benefits of each option for full consideration. The project will require to be compliant with all current statutory standards and regulations

Following this approach future work will be required to develop the following:

- Outline Business Case for National High Secure Service for Women.
- Full Business Case for National High Secure Service for Women.
- Construction Phase for National High Secure Service for Women.

The timeline for completion and go live for the medium to long term service model is dependent on the outcome of the design team feasibility study, and agreement from NHS Assure. Thereafter the project plan, capital plan and key milestones will be agreed and an implementation timeline developed. It is anticipated at this stage that the duration will be circa 36 months.

MTP action number	Planning Commitment	The State Hospital Board Action	Delivery timescale
2.1	Phase 1 – The State Hospital to establish an interim high secure forensic mental health service for women.	<p>The State Hospital develop infrastructure for establishment of an interim model for women, this will include:</p> <ul style="list-style-type: none"> • Clinical operating model. • Ward modifications. • Admission criteria and process. • Workforce model including recruitment and training. 	Q1/2 2025/26

MTP action number	Planning Commitment	The State Hospital Board Action	Delivery timescale
2.2	Phase 1 – Forensic Female Outreach Service.	Scope and develop an outreach service model. The aim will be to support medium secure units and Scottish Prison Service to assist in managing patients who may require referral and admission to the State Hospital female service, or who are displaying behaviours that necessitate a high secure referral.	2025/26 Q2
2.3	Phase 2 – The State Hospital will develop an initial design feasibility assessment for a Medium – Longer term Forensic Female High Secure Service.	Planning proposal detailing the options, risks, financial and capital investments will be submitted to Scottish Government.	2025/26 Q1
2.4	Phase 2 – The State Hospital will develop required planning and governance approaches to achieve development of Forensic Female High Secure Service.	Outline Business Case.	2025/26 Q3
2.5	Phase 2 – The State Hospital will develop required planning and governance approaches to achieve development of Forensic Female High Secure Service.	Full Business Case.	2025/26 Q4
2.6	Phase 2 – The State Hospital will develop required planning and governance approaches to achieve development of Forensic Female High Secure Service.	Construction phase.	2026-28

7 HEALTH INEQUALITIES

There are many, diverse and interacting determinants of mental health and wellbeing, with these being driven by structural factors such as unequal distribution of income, power and wealth, global, national, and local economic and political forces and priorities, and societal attitudes. The impact of poverty, along with stigma and the pervasive nature of adverse childhood experiences and trauma are seen to be impacting on wellbeing and mental health at an individual and population level in Scotland, and the evidence of how inequalities are being exacerbated by the ongoing effects of the pandemic and cost of living increases continues to emerge.

Evidence narrative to inform the Scottish Government Mental Health and Wellbeing Strategy

Within the State Hospital individual health inequalities and health behaviours is addressed later in this plan though the supporting healthy choices and physical health projects. The more structural elements of population health and health inequalities are addressed in this section with a focus on improving health through supporting a circular economy via the State Hospital Anchors Strategy.

7.1 The State Hospital Anchors Strategy 2023- 25

Scottish Government commissioned all NHS Boards to produce an Anchors Strategic Plan as an initial three year strategy to demonstrate how the State Hospital plans to take action to contribute to community wealth. The initial themes include:

- *Progressive Procurement* – The State Hospital can direct investment into the local region through procurement practices. It may be possible to consider giving local suppliers greater weight in procurement processes, which in turn can create new employment locally.
- *Employment* – The State Hospital is a relatively large local employer within an area of deprivation. Development of recruitment practices to encourage community members to consider employment in the State Hospital would be useful to consider.
- *Sustainable use of land and property* - consideration given to the use of land and sustainable practices.

The Anchors Strategy has a range of commitments in each of the initial themes. The State Hospital has developed an action plan to ensure that key commitments are taken forward. Reporting is through the Audit and Risk Committee and onwards to the State Hospital Board and Scottish Government through the Anchors Strategy baseline metrics report. As Scottish Government evolve their approach to Anchors institutions and organisations, the State Hospital will adapt the Strategy to reflect requirements.

MTP action number	Planning Commitment	The State Hospital Board Action	Delivery timescale
3.1	Anchors implement strategy 2023-2025.	Continue with implementation of action plan with focus on: <ul style="list-style-type: none">• Progressive procurement.• Employment.• Land and assets.	2025/26
3.2	Develop Anchors Strategy 2026-2028.	Develop revised strategy based on learning from previous strategy and in line with Scottish Government commission.	2025/26 Q3
3.3	Anchors Strategy 2026-2028.	Implement Actions associated with Anchors strategy 2026-2028.	2026-28

8 PATIENT OUTCOMES

Improved patient outcomes from their clinical care experience

8.1 Patient Pathways

A new clinical model was introduced in July 2023 to provide patients with a recovery pathway through the State Hospital and address issues raised by staff around feelings of safety. The new clinical model saw the establishment of four new services: Admissions and Assessment, Treatment and Recovery, Transitions, and Intellectual Disability. Service Leadership Teams were established for each service, with an overarching leadership group overseeing the implementation of the model, (Clinical Model Oversight Group). Clinical Model Guidance was developed to guide and support implementation with detailed sections on the four new services. Referral between services is now expected with all major mental illness patients being admitted into Admission and Assessment wards, then progressing, if required, through the Treatment and Recovery and onwards to Transitions service. Patients with an Intellectual Disability are admitted directly to the Intellectual Disability service.

Each service has developed a three-year implementation plan to outline what they seek to achieve. All four clinical model services in 2025/26 plan to continue to embed the clinical model and support team development. Service identity is also evolving, and each Service Leadership Team will continue to embed their specific part of the patient recovery pathway. The clinical guidance document will be reviewed as part of the maturation of each service. Any updates to the clinical guidance will be received through the Clinical Governance route with the Clinical Model Oversight Group having oversight of the patient pathway and overall effectiveness of the clinical model.

8.2 Intellectual Disability Service

The State Hospital has a specialist Intellectual Disability service which provides expert multidisciplinary assessment and management of needs of patients with intellectual disabilities. The service aims to develop its approach to Positive Behaviour Support (PBS) Implementation Plan. This will require improved communication support, clarifying the sensory environmental needs of patients and a training needs analysis for staff. The aim will be for patients to have PBS plans in place over 2026/27 This will require a focus on staff training and development as well as team development.

8.3 Structured Clinical Care/Relational Informed Approaches to Care

The aim of structured clinical care (SCC) is to create an environment that places the understanding of people and their relationships at the heart of care, treatment, and wellbeing at the State Hospital. The State Hospital will review this new framework of care, and if following review, it is agreed to be developed and implemented in this setting, then the aim would be to become the first evidence based responsive structured and psychologically informed high secure relational care environment. To progress this ambition in 2025/26 the State Hospital will review its strengths and weaknesses in relation to SCC, establish a group of stakeholders to develop a plan for delivering structured clinical care and begin to work with engaging others. A training pathway for staff and patients will be developed to implement it. If SCC is taken forward, there will also be a need to establish the measurement approach required to monitor progress of this. The State Hospital would then work to embed compliance the training and to continuously improve the quality of structured clinical care.

8.4 Risk Assessment and Management

Completion of risk assessments and risk management plans are integral to the patient's journey. The State Hospital standards are that each patient within the hospital will have an up to date, appropriate, structured professional judgment-based risk assessment, and management plan. A review of the current risk assessment process is underway, which has included a peer review of the State Hospital process and best practice with Scottish Government and medium secure units. Improvements to the risk assessment process have been developed as a result and shared across the Multidisciplinary Team. The process for completion of risk assessment will continue to be developed and refreshed over 2025/26 to improve information gathering and assessment of risk.

8.5 Trauma informed Care

The State Hospital is currently working towards embedding trauma informed approaches to care. The State Hospital has a trauma champion and implementation coordinator. The champion role is to provide senior level support for transforming psychological trauma informed care. The State Hospital delivers trauma informed and trauma responsive training this is delivered at three levels:

1. Level 1 trauma informed practise.
2. Level 2 trauma skilled practise.
3. Level 3 trauma enhanced practise.

As the State Hospital develops its approach to understanding patients' behaviours and formulating care and treatment plans which are informed by trauma sensitive practise. We will continue to understand the trauma needs of our patients through trauma needs analysis and will continue to develop this practise.

8.6 Daytime Confinement Monitoring

Daytime confinement (DTC) has been identified as a recent phenomenon in the State Hospital since 2022. DTC is a practice of patients being locked in their bedroom out with the normal voluntary time in room after lunch and dinner, it has been used as a short-term solution to manage increased clinical activity and staff shortfalls. This is a suboptimal clinical practice and runs the risk of being considered as an element of Type 2 seclusion when the patient has not actively chosen this. The State Hospital has been working towards making this practice a never event. Monitoring of DTC occurs daily, and resource decisions are made to minimise any possibility of DTC being utilised. An escalation process is in place to ensure Director oversight of any DTC episodes. DTC has reduced markedly, however still occurs.

The State Hospital has had an improvement programme in place (2023/24) to reduce the use of DTC. Actions from this programme have been integrated into standing groups with the Clinical Governance Committee having oversight. To ensure that the State Hospital staffing model is evidence based and aligned to safe staffing legislation, a detailed review of the current funded establishment and minimum staffing requirements to support safe daily operations across each of the wards was carried out in 2024. The outcome of this resulted in the State Hospital Board agreement to recruit additional ten whole time equivalent Band 3 Healthcare Support Workers on fixed term contracts until 2026. This is to reduce reliance on overtime for staffing wards and provide ongoing workforce resource to wards. It is expected this will have a positive impact on the use of DTC. Monitoring and reporting of the impact of the additional staff on DTC and use of nursing staff overtime will be carried out to assess impact.

8.7 Patient outcomes

The State Hospital carried out an initial consultation and literature review on the potential development of a suite of outcomes for patients. This is in the early stages of development in 2024/25 with initial scoping having been carried out. This work will progress to identify, develop, and test a suite of new outcome measures for patients over the 2025/26 period with the expectation of recommendations being made following this work for adoption of new patient outcome measures for the State Hospital.

8.8 Care Plan Approach process

All patients who are admitted to the State Hospital will have their care and treatment planned, using the Care Plan Approach (CPA). Guidance for the application of CPA for restricted patients is contained in the Scottish Government CEL 13 (2007) and the Memorandum of Procedure on restricted patients CEL 20 (2010). The CPA process was reviewed to be more patient centred and to embed parity of input from the multidisciplinary team. This new system was developed in 2023/24 and then tested over 2024/25. The new system will provide assurance around the CPA process and will require embedding and monitoring in 2025/26 to ensure it delivers as expected.

8.9 Multidisciplinary Clinical Teams

Central to the care delivery approach in the State Hospital is effective multidisciplinary team working. Whilst each profession within the teams has their own specialised evidence based approaches to contribute to the delivery of forensic mental health care, the overall team combines to provide multi-dimensional care and treatment approaches.

The State Hospital will continue to evolve and develop its approach to supporting clinical team development through the service leadership teams as well as specific professions within the clinical team. The State Hospital will support staff to feel empowered to practice as accountable, confident, and capable practitioners. We will embed a process of reflexion and review to achieve continuous improvement. Leadership skills and capabilities will also be supported through training and development opportunities. The State Hospital is also assessing the clinical and managerial leadership structure to ensure continuous improvement in this area.

8.10 Duty to Collaborate - work as part of a wider system

The State Hospital will work to progress and support a collaborative ethos across NHSScotland through active participation in the national governance arrangements of the NHSScotland Executive Group. This group will progress the renewal and reform agenda, focusing NHS Boards' efforts on supporting population health needs and delivery of care beyond geographical boundaries.

The State Hospital has Service Level Agreements with other NHS Boards and Local Authorities to deliver key services. The staff from these services are integrated into the Service Leadership Teams and are members of the multidisciplinary teams.

Social work service staff are employed by South Lanarkshire Council and deliver a key service within the State Hospital. The social work service within the State Hospital is person centred and works with patients and their families to promote rights, recovery, and mental wellbeing. Key objectives of the service are to develop stakeholder engagement, develop child contact information in line with UNCRC directives, deliver training to meet the needs of the wider hospital staff and the team, carry out peer reviews visits

The onsite Pharmacy team are employed by NHS Lothian and provide a clinical service through a service level agreement. Medicines supply is via Area Stores, St John's Hospital Pharmacy. The Pharmacy team aim to ensure that the right medicines are available in the right doses for patients at the right time. Service developments will include streamlining and improving efficiency of the medicines ordering process and developing the role of the Pharmacy Technician. This in turn will allow pharmacists to spend more patient facing time: on education, reducing unnecessary polypharmacy and introducing chronic disease reviews in conjunction with and to complement the annual health checks undertaken by the Primary Care service.

The State Hospital aims to deliver evidence-based care. The State Hospital will develop its Research and Development Strategy in 2025. The hospital will promote ongoing research activity. Systems and protocols for research and development will be reviewed and implemented in preparation for work across the wider forensic system.

Clinical Quality will review the cycle for publication and adoption of new evidence. The aim is to ensure that new evidence is successfully embedded through the audit projects, clear pathway information will be generated from an electronic system and a master action list to ensure all actions from clinical audits are being implemented. The care pathway data collection process will be reviewed and recommendations made for update to this.

8.11 Unscheduled Care

Patients in the State Hospital at times require care from other NHS Board's, predominately, but not exclusively from NHS Lanarkshire. In 2024/25 the State Hospital reviewed its arrangement for unscheduled care outings of patients to identify areas for improvement. The review identified areas to further test which include use of the Flow Navigation Centre, which also connects to the current system used, Consultant Connect.

The Flow Navigation Centre would provide a single point of contact for emergency outings with the ability to time ambulance arrivals at the State Hospital with the receiving hospital appointment to lessen time waiting for patients and staff at external venues. The recommendations from the unscheduled care group will be taken forward in 2025/26 and improvements, where found, adopted.

8.12 Excellence in Care

The [Excellence in Care \(EiC\) programme](#) is a collaborative piece of work commissioned by Scottish Government in response to the Vale of Leven Hospital enquiry.

The State Hospital has been working alongside national partners and NHS Boards to establish processes that allow the measurement, assurance, and improvement of the quality of care provided by nursing and midwifery staff.

The EiC Programme has four key deliverables:

1. A nationally agreed (small) set of clearly defined key measures/indicators of high-quality nursing and midwifery.
2. A design of local and national infrastructure, including an agreed national framework and dashboard.
3. A framework document that outlines key principles/guidance to NHS Boards and Health and Social Care Partnerships on development and implementation of local care assurance systems/processes.
4. A set of NHSScotland record-keeping standards.

MPT Action Number	Planning Commitment	The State Hospital Board Action	Delivery timescale
4.1	Continue to embed the clinical model.	Each service will review the Clinical guidance and update as required.	2025/26
4.1.1	Continue to embed the clinical model.	Each service will review its three year plan at end Y1, Y2, Y3 and take part in forward planning as appropriate.	2025-28 during Q3
4.1.2	Continue to embed the clinical model.	Service development activities will be taken forward to develop each service.	2025/26
4.2	The Intellectual Disability service will develop its care approach using positive behaviour support planning.	Develop staff skills and capabilities on PBS.	2025/26
4.2.1	The Intellectual Disability service will develop its care approach using positive behaviour support planning.	Ensure that PBS planning is built into care planning.	2026/27
4.2.2	The Intellectual Disability service will develop its care approach using positive behaviour support planning.	Training staff in its use.	2026/27
4.3	Review of Risk Assessment Process.	The State Hospital will continue to review current risk assessment process and make recommendations and implement change as required.	2025/26
4.3.1	Review of Risk Assessment Process.	Review process to include information sharing protocol with Police Scotland and improved access to information as well as establishing a multidisciplinary risk group.	2025/26 Q4
4.4	Outcomes focus.	Develop and test approach to measurement of outcomes for patients.	2025/26
4.4.1	Outcomes focus.	Recommend suite of new outcomes following testing.	2026/27
4.5	The State Hospital will review new frameworks of care e.g. Structured Clinical Care/ Relationally Informed Care and develop most appropriate pathway for the State Hospital.	Review the approach to SCC and the State Hospital strengths and weaknesses in relation to this.	2025/26

MPT Action Number	Planning Commitment	The State Hospital Board Action	Delivery timescale
4.5.1	The State Hospital will review new frameworks of care e.g. Structured Clinical Care/ Relationally Informed Care and develop most appropriate pathway for the State Hospital.	Establish whether SCC is the approach that the State Hospital will take to develop its clinical care.	2025/26
4.5.2	The State Hospital will review new frameworks of care e.g. Structured Clinical Care/ Relationally Informed Care and develop most appropriate pathway for the State Hospital.	If this is taken forward, then establish a group of stakeholders to develop a plan for delivering structured clinical care and begin to work with engaging others.	2026/27
4.5.3	The State Hospital will review new frameworks of care e.g. Structured Clinical Care/ Relationally Informed Care and develop most appropriate pathway for the State Hospital.	Develop a training pathway for staff and patients will be developed to implement it.	2027/28
4.6	Pharmacy.	Improve efficiency of ordering processes.	2025/26
4.6.1	Pharmacy.	Develop the role of technicians.	2026/27
4.6.2	Pharmacy.	Increase patient education.	2026/27
4.6.3	Pharmacy.	Develop chronic disease reviews and reduce poly pharmacy.	2027/28

MPT Action Number	Planning Commitment	The State Hospital Board Action	Delivery timescale
4.7	The State Hospital will work towards elimination of DTC as a practice.	<p>The State Hospital has oversight of all episodes of DTC through daily monitoring and reporting from service on actions to avoid DTC use and any episodes of DTC. Governance and management in place to provide oversight.</p> <p>Escalation of DTC to notify at Director level</p> <p>Nursing staff resourcing has been identified as a significant contributing factor to DTC, actions have been taken to increase nurse resourcing and the impact of these actions on DTC is being monitored to identify episodes or emerging trends of DTC. This will be reported to Strategic Planning, Performance and Governance Group and escalated to Corporate Management Team if required.</p>	2025/26
4.8	Excellence in Care.	Contribution to Excellence in Care assurance framework to ensure forensic mental health nursing appropriately represented.	2025/26
4.9	Quality Assurance.	Review and implement a new approach to adopting new evidence, standards and guidelines related to local audits.	2025/26
4.10	Quality Assurance.	Develop a master improvement plan from all clinical audits to provide coherence across audit actions.	2025-28
4.11	Development of evidence based care and treatment.	Development of Research and Development Strategy.	2025
4.12	CPA process.	Embed and monitor new CPA process to ensure it delivers as expected.	2025/26
4.13	Unscheduled care.	Implement recommendations from the Unscheduled Care Short Life Working Group (SLWG).	2025/26 Q1-4
4.13.1	Unscheduled care.	Test Flow Navigation Centre.	2025/26 Q1-2

9 PHYSICAL HEALTH OF PATIENTS

People with severe mental health conditions often have higher rates of physical ill health such as cardiovascular disease, respiratory disease, diabetes, obesity, digestive diseases, and cancer (John et al, 2018), and also their physical problems can be made worse by effects of their mental health problems. People with severe and enduring mental illness may have their lives shortened by fifteen to twenty years, a large part of which is because of physical ill health. A 20 year follow up of former patients in the State Hospital, it is known that this patient cohort died approximately sixteen years earlier than the general population as a whole (Rees and Thomson, 2021). This is largely due to preventable physical health problems. People with severe mental illness can find it extremely difficult to manage their physical health condition, and therefore personalised support taking into account their needs and circumstances is essential.

The State Hospital continues to recognise the importance of health improvement and disease prevention programmes that target the main causes of morbidity and premature mortality with particular attention to obesity and reducing cardiovascular risk and recognises that physical activity is an extremely important part of overall physical healthcare.

Patients within the State Hospital are offered annual physical health reviews. The State Hospital monitors the uptake of the physical health review and reports it through its corporate Key Performance Indicator (KPI) report. The State Hospital has a dedicated health centre where patients have access to a full primary care service including a practice nurse, specialist practitioners and a General Practitioner. The State Hospital patients are offered all routine screening services and also have access to vaccinations and chronic disease management through the health centre. The State Hospital will continue to develop its approach to physical health care and health improvement interventions. This is supported by a health psychologist who provides input to enable patients to understand their physical health conditions.

The Skye Centre within the State Hospital is a dedicated resource of multidisciplinary professionals working collaboratively to deliver a range of therapeutic interventions together with the clinical service teams. The staff within the Skye Centre are engaged in supporting physical activity, health and wellbeing and learning, recreational and vocational activities for patients. The aim is to create a therapeutic recovery focused environment that supports progression of patients through the hospital. It also offers vocational opportunities for patients to volunteer and supports peer learning.

9.1 Supporting Healthy Choices (SHC)

The work of the Physical Health Steering Group and Supporting Healthy Choices Implementation Programme (SHCIP) within the State Hospital focuses predominately on improving physical health outcomes. The SHCIP aims to create an environment that best supports patients to engage in behaviours that support their physical health and healthy weight.

In 2024 the State Hospital adapted the Public Health England practice guidance 'Managing a healthy weight in secure settings' (PHE, 2021) for the State Hospital. This practice guidance, titled "*Moving towards a healthier state hospital: A whole systems approach*", this was supported by Public Health Scotland. The State Hospital also developed an action plan linked to the practice guidance. A key focus is preventing weight gain in the period after admission. In March 2024, work began to create the Test Admission Collaborative Kick Start (TACKS) group. Work is continuing through this group on a tailored approach from the SHC action plan, concentrating on assessing current practice within the admission service and providing support for the admission and assessment activity plan NIS

The SHC programme will focus on the following key areas of work:

- Through the TACKS project, the State Hospital will prioritise physical health by implementing practice change within the admissions service, local target in place to limit weight gain following admission to 5% of body weight.
- The State Hospital patients shop short life working group will implement and evaluate improvements in practice to support patient decision making for shop purchases and support focus on health and wellbeing.

9.2 Patient Activity

The Activity Oversight Group (AOG) was established in August 2022 to actively monitor the amount of time patients spend on both physical and meaningful activity. This is a key priority for the State Hospital. The AOG meets bimonthly and receives reports from the four Clinical Model services and the Skye Centre around the levels of patient activity. The Clinical Quality Department supports the Service Leadership Teams to review data monthly and monitor levels of activity. This area of work will continue to be informed by evidence based approach to patient engagement in activities in a high secure setting. Services identify local activity targets and tailored approaches to improve uptake of activity throughout the year.

MPT action number	Planning Commitment	The State Hospital Board Action	Delivery timescale
5.1	Reduce weight gain.	Through the TACKS project, the State Hospital will prioritise physical health by implementing practice change within the admissions service, local target in place to limit weight gain following admission to 5% of body weight.	2025/26
5.2	Reduce weight gain.	The State Hospital patients shop short life working group will implement and evaluate improvements in practice to support patient's decision making for shop purchases and support focus on health and wellbeing.	2025/26
5.3	Increase uptake of activity for patients.	Service Leadership Teams develop tailored approaches to improve uptake of activity.	2025/26

10 PERFORMANCE MEASURES

Performance measures to evidence impact of plan on service delivery

The State Hospital has a set of Corporate KPIs which are reported quarterly to the State Hospital Board and management groups.

The State Hospital has ten key performance indicators reported through its corporate KPI report to the Board these focus on delivery of clinical care, physical activity, and healthy weight:

1. 25% of patients will have a healthier BMI.
2. 70% of patients will undertake 150 minutes of moderate exercise each week.
3. 90% of patients will be engaged in off hub activities.
4. 100% of patients will have their care and treatment plans reviewed at 6 monthly intervals.
5. 100% of patients will be transferred / discharged using the CPA process.
6. 85% of patients will be engaged in psychological treatments.
7. 100% of patients will commence psychological therapies within 18 weeks from referral date.
8. 100% of patients will have their clinical risk assessment reviewed annually.
9. 100% of patients will have an annual health review by the practice nurse.
10. 100% of patients requiring primary care services will have access within 48 hours.

There is an ongoing process to review and where appropriate replace/update KPIs to ensure they accurately reflect the improvements the State Hospital are keen to develop.

11 REALISTIC MEDICINE AND QUALITY IMPROVEMENT

Realistic Medicine (RM) is the Scottish Government's approach to delivering Value Based Health and Care (VBH&C) in Scotland. VBH&C is defined as "the delivery of better outcomes and experiences for the people we care for through the equitable, sustainable, appropriate and transparent use of available resources." VBH&C seeks to reduce the waste, harm and unwarranted variation that exist across our health and care system. It is by practising RM that we will deliver VBH&C.

The State Hospital develop a RM action plan annually to outline the key projects associated with the approach. The State Hospital continue to link with national networks to share practice. Priorities in 2025/26 will be to continue to champion RM, and VBH&C, embedding Shared Decision Making and championing the use and adaptation the BRAN questions (benefits, risks, alternatives, and no action) within a secure setting. Each project in the RM action plan has also been aligned with the relevant commitment from the Scottish Government's VBH&C action plan.

The State Hospital recently launched its updated Clinical Quality Strategy 2024 to 2029 with an associated action plan. This strategy sets out the direction, aims and ambitions for the continuous improvement of clinical care. The vision of the strategy is to improve the experiences of care and treatment provided to our patients by working together to deliver quality care and support that is person centred and free from harm.

Championing quality improvement (QI) is an integral part of the Clinical Quality Strategy. The State Hospital has delivered a wide range of quality improvement projects, initiatives, and training for staff over recent years.

This will continue over the period of this plan, with the aim to:

- Deliver a minimum of one cycle of TSH3030 which is our quality improvement initiative to progress an organisational approach to QI.
- Continue to provide QI training.
- Continue to establish and progress Team Based Quality Review. These are service based panels who identify areas/themes with the most potential for learning and improvement to be discussed at regular Team Based Quality Review meetings. This approach supports learning from local practice.

MPT action number	Planning Commitment	The State Hospital Board Action	Delivery timescale
6.1	Progress RM and VBH&C principles.	Update annually and implement RM Action Plan.	2025-28
6.1.1	Progress RM and VBH&C principles.	Embed shared decision making by increasing the uptake of the learning module.	2025-28
6.1.2	Progress RM and VBH&C principles.	Champion the use and adaptation the BRAN questions through the nursing care plans.	2025-28
6.2	Build capacity for QI.	Deliver and support QI training.	2025-28
6.3	Champion quality improvement	Establish Team Based Quality Reviews.	2025-28
6.4	Champion QI.	Deliver one cycle of TSH3030.	2025/26
6.5	Champion quality assurance and improvement.	Monitor and implement actions from the Clinical Quality Strategy Action Plan.	2025-28

12 SECURITY

Continuous review of procedural, relational and physical security to reduce risk and harm and ensure resilience

12.1 Security

The purpose of security in forensic mental healthcare is to provide a safe and secure environment for patients, staff, volunteers, and visitors which facilitates appropriate treatment for patients and protects the wider public. This involves maintaining a secure environment where mental health care can be delivered, mitigating risks, preventing violence or self-harm, and responding effectively to incidents. There are unique challenges posed within a high secure setting and security measures require to be both effective and respectful of people's dignity and mental health needs.

All patients in the State Hospital have been assessed as requiring high security care. As such, all areas within the State Hospital are maintained at a level to meet the criteria set by the Forensic Network Matrix of Security.

The specific features of high security are categorised into three domains: physical, procedural, and relational. These are interdependent and essential for the delivery of safe and secure care:

1. *Physical security* - Prevents access/egress to a facility or resource through specific measures e.g. locks, alarms, CCTV.
2. *Procedural security* - The range of policies and procedures that control access/egress, movement across the hospital site, patient communication, patient possessions and visits, etc.
3. *Relational security* - The ability of staff to develop therapeutic relationships with patients, leading to trust and engagement between staff and patients.

In addition to the measures in place across the site, all patients are subject to a range of security measures tailored to their clinical and risk evaluation needs and the stage of their treatment journey.

The State Hospital has implemented a complex project to upgrade security on site. The Perimeter Security and Enhanced Internal Security Systems project was completed in 2025. Following completion of the project, the State Hospital is in the process of the development of an underpinning security framework by standardising procedures, training staff and implementing quality assurance measures to monitor and maintain the advanced security technology installed. The security framework and associated standards will align with other high secure hospitals within the UK, taking into account Scottish legislation and the Forensic Network Matrix of Security. This will enable the State Hospital to measure and audit performance in line with set criteria. Going forward and in line with the State Hospital development, the State Hospital will refine policies to ensure that security interventions are trauma informed and carry out proactive threat assessment and tailored security planning.

13 RISK, RESILIENCE AND BUSINESS CONTINUITY

13.1 Risk and Resilience

The focus of risk management in the State Hospital is to learn from and reduce risks to all staff and patients, with an aim to maintain a positive risk culture within the State Hospital. The current Incident Management System used within the State Hospital is currently under review with an option to upgrade the current recording platform. An ongoing review of the Health and Safety management platform is also underway. If the intention is to move to new platforms, then these activities will be followed up with staff training to enable effective use of new platforms. Staff will feel supported to take positive risks through a greater understanding of risk assessment and management.

Resilience of the State Hospital is fundamental to ensure safety and security for staff, patients, and visitors onsite and also for the wider community and general public. The State Hospital has developed its resilience function and has a renewed focus on testing of plans, collaboration with external partners and training of staff to ensure they have the necessary capabilities to ensure and maintain staff, patient, and visitor safety.

The State Hospital, although not a Category 1 or 2 Responder, does have a responsibility to ensure that emergency procedures are planned, and staff are trained in core aspects in line with the Scottish Government “Preparing Scotland” guidance and the NHSScotland Resilience “Preparing for Emergencies” guidance and standards.

The State Hospital will establish a Tactical Tasking and Co-ordination Group to address and assess threats and risks associated with security, resilience and health and safety. The group will ensure that a tactical assessment is developed to identify issues and risks and ensure these are managed through a dynamic responsive approach.

13.2 Business Continuity

13.2.1 Level 3 Plans

Partnership working is key to the resilience of the State Hospital. As a stand-alone site the State Hospital aims to maintain resilience and have further developed staff skills and sustainability in times of crisis. However, the State Hospital will still require assistance from other agencies in times of extremis. Close relationships exist with partner agencies, and this will continue to develop and grow. The State Hospital collaborates with partner agencies through joint training and familiarisation activities to ensure interoperability is maintained. Joint exercising is key, and plans are again in place to deliver a multi-agency exercise this year following the success of last year's event.

The State Hospital level 3 plans align to the multi-agency joint working model. These plans involve input from partner agencies, Police Scotland, Scottish Fire and Rescue, Scottish Ambulance Service, South Lanarkshire Council, and the West of Scotland Regional Resilience Partnership. Work continues to develop and refresh level 3 plans to a standardised format.

A Multi-Agency Incident Response Guide has been developed as a short but informative overview of a multi-agency response for the State Hospital. A multi-agency Memorandum of Understanding, aligned to the level 3 Plans has been developed to further define roles and responsibilities.

13.2.2 Level 2 Plans

The State Hospital level 2 plans are primarily Loss of Service Plans and are led by internal operational structures. Ordinarily, a return to normal operations is swift and is controlled within normal service functions and operations.

Work has been ongoing to develop these plans into a consistent format, with each of the plans being fully reviewed and refined. The State Hospital will prioritise a testing regime for these plans, this will ensure that departmental plans are tested and remain fit for purpose.

13.3 Strategic Infrastructure Planning

Scottish Government have introduced a new approach to strategic infrastructure planning and investment across NHSScotland. Each NHS Board are required to submit a Programme Initial Agreement which sets out a deliverable whole system service and infrastructure change plan for the next 20-30 years. The first phase of this new approach to planning is the development and submission of a maintenance only Business Continuity Plan (BCP) based on the risk assessment of the Boards existing infrastructure.

The State Hospital has carried out a risk- based assessment of essential maintenance, which is prioritised as part of the completed Business Continuity Plan. Each risk has been considered through their probability and impact in the key areas of Business/Financial, Staff/Health and Safety/Injury, Clinical/Service and Reputational/Adverse Publicity/Complaint and Claims. Following submission of the BCP to Scottish Government in early 2025, the State Hospital will commence work on the implementation of this plan in 2026/27, following agreement from Scottish Government on the funding allocations and associated timescales. It is important to note that actual funding allocations from Scottish Government will be made on the basis of need and risk and so may not follow the same distribution as planning principles.

The work incorporated in the State Hospital BCP investment programme will support the work identified within the existing capital allocation. The BCP investment will allow the State Hospital to maintain a good standard of accommodation to support the clinical demand.

Due to the unique security measures at the State Hospital, delivering the identified projects will be challenging due to the requirement to escort all contractors within the secure perimeter of the hospital.

The existing capital allocation budget is managed and distributed by the Capital Group within the State Hospital. The existing capital allocation budget of £269K for 2025/26 will support projects to replace IT hardware, vehicles, digital inclusion, and digital platforms.

13.4 Corporate Risk Register

The Risk Management Team continue to review and refresh the risk management strategy and processes and align the Corporate Risk Register to the corporate objectives, KPIs and organisational risk appetite.

MTP action number	Planning Commitment	The State Hospital Board Action	Delivery timescale
7.1	Security.	Development of security standards and framework.	2025/26 Q1/2
7.1.1	Security.	Audit of the State Hospital security processes, procedures, and practice against new security standards.	2025/26 Q3/4
7.1.2	Security.	Development of quality assurance framework to maintain and audit the new security technology installed across site.	2025/26 Q2/3
7.2	Risk Management.	Review and upgrade the current incident management recording platform and review the Health and Safety management platform.	2025/26 Q3/4
7.2.1	Risk Management.	Support staff to use new platforms through awareness and training activities.	2026/27
7.3	Strategic Infrastructure Planning.	BCP submitted to Scottish Government, implementation of the BCP for deliverable whole system infrastructure change - local implementation plan will be developed following feedback.	2025/26
7.4	Security.	Refine policies to ensure that security interventions are trauma informed.	2026/27

14 LEARNING

Learning from the views of our patients, carers, and stakeholders

Hearing from, and learning about the views of our patients, carers and stakeholders is an important aspect of designing and delivering care and treatment for the State Hospital. Engagement and feedback help to develop an awareness and understanding of the impact of care and treatment on patients, their carers, friends, and family members. Understanding the views and experiences of patients and carers enables the State Hospital to identify areas for improvement.

Within the State Hospital many of our patients will have carers who support them throughout their recovery. There are over 340 individuals identified as carers, from two key groups: Approved Visitors and Key Carers. Approved Visitors are able to visit in-person, while Key Carers, though not approved for visits, have a significant role to play in patient care. Our carers' insights are invaluable for developing effective carer support strategies.

14.1 Carer Strategy

The State Hospital is required under Section 31 of the Carers (Scotland) Act 2016 to prepare a local Carer Strategy. The State Hospital has developed a Carer Strategy 2025-2028 to meet the specific needs of carers involved in a high secure forensic setting. It is essential to recognise the unique experiences of carers navigating the judicial and forensic health settings, to understand their needs and respond appropriately. Carers for our patient group may have experienced trauma and distress and may experience stigma as a consequence of their loved ones association with the State Hospital. We aim to ensure that the carers we work with are recognised, feel valued, and included. As a national service, our carers are geographically spread and there is a need to understand how this impacts on them, as well as on patients. Currently, the State Hospital:

- Has identified all our carers and updated our data base.
- Supports face to face contact with carers through social work.
- Has dedicated visiting facilities in the Family Centre.
- Implemented Triangle of Care.
- Provide a Visitors Information Pack.
- Has a dedicated page on the State Hospital website for carers and visitors.
- Carries out an annual carer engagement questionnaire.

Following the Visitor Experience audit and subsequent engagement with carers, we have identified the following four priority areas for development:

1. The Triangle of Care self-assessment tool will enable us to identify ways that we can support our carers to navigate and understand what the standard of care is beyond 'the gate' to enable them to better understand our policies and procedures. Due to the high secure nature of our environment, they are unable to walk in and look for themselves.
2. Carer communication and sharing of information. Providing good quality, appropriate, and timely information and advice to carers has dual benefits of improving the health and wellbeing of carers, and the cared-for person, reducing the potential need for, and costs of, crisis management.
3. Improve the Carers visiting experience - continue to work with patients and carers to continue to improve the visiting experience. Offer visitors a check-in following visits.
4. Carer Pathway - it is an important aspect of our patients' journey through the hospital to ensure our carers are linked with the wider Forensic Network. Establishing and maintaining good partnerships with third sector organisations will also play an important part in 'delivering effective local personalised support to carers, which meets their personal outcomes and helps them continue in their caring role.'

The Person Centred Improvement Group will devise a detailed delivery plan with at least three improvement activities under each of our priority areas, and assurances that what our carers told us they wanted to improve will be included in these actions.

In addition to developing our strategy we will also consider the carer pathway through the forensic estate along with how we engage with Local Authorities to ensure that we are addressing our statutory responsibilities as defined in the Act.

14.2 The Patient Partnership Group

The Patient Partnership Group (PPG) is a weekly patient forum that meets face to face as a planned partnership group. This group is supported by the Person Centred Improvement Team and enables patients to share experiences, plan activities and engage with the State Hospital. The PPG is chaired by a patient and consists of patients' representatives from each of the wards. PPG members are tasked with cascading information from the group to their peers as well as gaining feedback to support the views of patients to be heard. The group is consulted on any changes suggested to the patient day or service delivery such as the Clinical Model implementation. A representative from the Complaints Team attends the PPG every month to seek discussion and feedback around complaints. Patient views are also sought through newly developed community groups who meet on the wards and raise local issues in relation to ward/service activity.

14.3 Patient Advocacy Service

The Patient Advocacy Service (PAS) is an independent advocacy service, based within the State Hospital to be accessible and available for patients. The PAS aims to provide an independent, highly skilled, responsible, and professionally run service. The service provides 1:1 support to patients to help ensure that patients are empowered to engage in their care and treatment and also to raise concerns or complaints. The PAS works closely with the clinical teams and the complaints service to advocate on patient issues. The contract for the advocacy service was tendered for in 2024, this service level agreement will run for three years with an option to extend.

14.4 Complaints and Feedback

The NHS Model Complaints Handling Procedure (MCHP) is designed to encourage NHS organisations to learn from complaints and feedback with the aim of continuous improvement. The focus is on the resolution of individual complaints within a wider framework of taking learning and identifying areas for service improvement. Complaints outcomes are highlighted to the relevant Director and Heads of Department who have responsibility to effect change within their own remit. Complaints are also highlighted through directorate performance reviews to ensure effective oversight. In addition, the State Hospital actively monitors all complaints and ensures reporting on complaints activity each quarter through the Clinical Governance Committee and Organisational Management Team.

Given the high secure nature of the hospital, additional support is provided to help patients to make complaints including face-to-face access to the Complaints Officer when attending the Skye Centre, as well as a confidential telephone line, and the use of facilities within the Patient Learning Centre to make a written complaint. Patients are also supported through PAS to engage in the complaints process. Carers can make complaints by telephone, web form or by email and/or post.

NHS Boards are required to ask complainants their views about the complaints process. Presently, the most valuable feedback from patients is gained through discussion at the PPG. A local feedback pro-forma has been used to try and encourage feedback. The challenge in this area was highlighted during a recent internal audit, and this is subject to review about how to obtain meaningful feedback.

MTP action number	Planning Commitment	The State Hospital Board Action	Delivery timescale
8.1	Implementation of the Carers Strategy.	Develop delivery Plan for the Carers Strategy.	2025/26
8.2	Communication with Carers.	Review carer information packs and Carer page on website, include the child friendly literature in relation to the State Hospital to support child visits.	2025/26
8.2.1	Communication with Carers.	Establish carers support group.	2025/26
8.3	Stakeholder awareness and skills development.	Carer and Workforce Training and Development.	2026/27
8.3.1	Stakeholder awareness and skills development.	Developing relationships with Partner Agencies.	2025/26
8.4	Recovery progression.	Supporting transition within the State Hospital preparation for discharge.	2026/27

15 PARTNERSHIP WORKING

Working in partnership to prioritise organisational health, support staff wellbeing and develop an engaged sustainable workforce

15.1 Workforce

Scottish Government's Mental Health and Wellbeing Workforce Action plan 2023-25 outlines the vision and principles that underpin the support and development of the mental health workforce. It details the five pillars of Workforce Planning that are the basis for action to secure sufficient workforce to support recovery, growth, and transformation, these are:

1. Plan.
2. Attract.
3. Train.
4. Employ.
5. Nurture.

The State Hospital Workforce accounts for 624 Whole Time Equivalents . Just over two thirds of the workforce are in clinical roles, with the remainder providing key support and board wide services.

The State Hospital has developed its Workforce Plan 2025-2028 aligned to delivery and financial planning. The State Hospital Workforce Plan aims to evolve and align services which will directly support the State Hospital to meet our service objectives, our transformational aims and to ensure sustainability and value for money.

Despite the relative scale of our Board, there is an opportunity to ensure that 'our people' are at the forefront of everything we do, that we are closely aligned to our service objectives and that our focus in these areas will be demonstrated by the levels of patient care offered.

We are committed to the broad vision of the Health and Social Care National Workforce Strategy. 'A sustainable, skilled workforce with attractive career choices and fair work where all are respected and valued for the work they do.'

This vision is underpinned by the following values:

- Continual Improvement.
- Engagement.
- Honesty.
- Co-Design.
- Accountability.

Alongside our Workforce Plan 2025-28, we have recognised the need to evolve our approach to build on the foundations of our 2022-25 workforce plan, but more importantly to support the delivery of our Medium Term Plan and beyond.

The key strategic themes for the Workforce Directorate over this three year period will be:



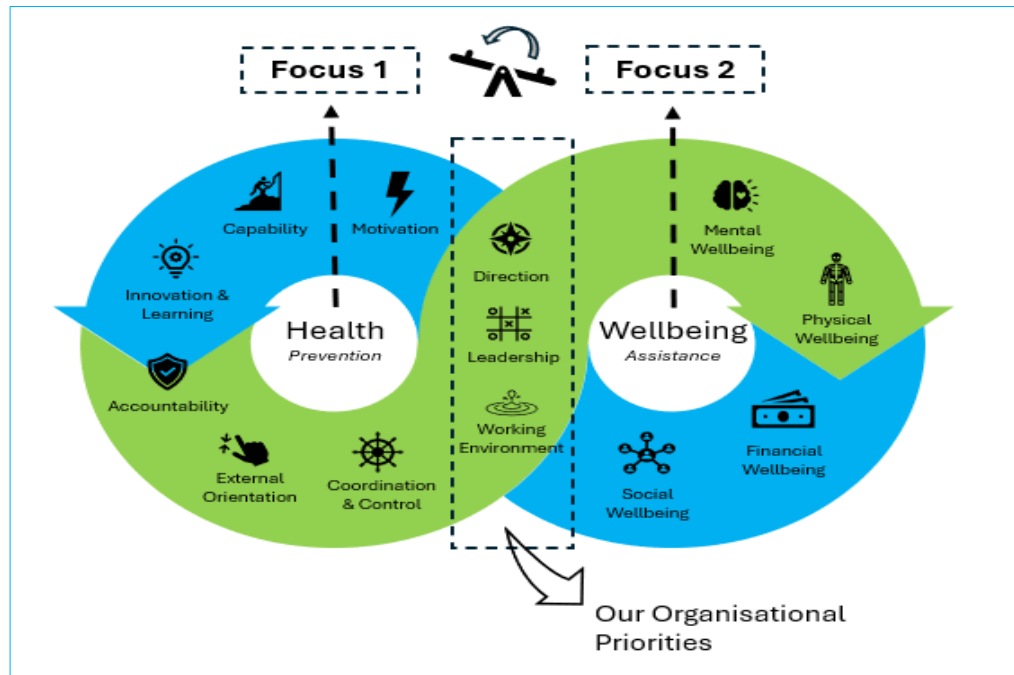
15.2 Organisational Health

The State Hospital has historically demonstrated a strong commitment to staff health and wellbeing, reflecting the value of our workforce and their impact on excellent patient care.

Our key vision of 'Prioritising Health, Enhancing Performance' signifies the slight change in focus to organisational health, signifying that we recognise the value of our staff, we understand how important their work and their manager can be and we, as employers, have a duty and obligation to prioritise and maximise areas in which we can support health and wellbeing.

This approach extends significantly beyond staff health and wellbeing and is in fact intertwined in everything we do throughout the employee journey.

Our prioritisation of Organisational Health will begin with a focus on Direction, Leadership and Work environment. The areas of focus will change over the next three years and bring a balance between a focus on protective approaches to staff health through management practices that can promote a positive culture and being proactive in offering staff wellbeing activities, both of which will be led by the needs of staff.



15.3 Sustainable Workforce

We remain committed to ensuring that we have the right people with the right skills and training in the right place at the right time to support our services.

This strategic theme will cover:

- Approach to Recruitment and Retention.
- Employability/Career Pathways/Anchor organisation.
- Building resilience in our community/Succession Planning.
- Focused approach to Learning and Education which meets service needs.
- Effective and Efficient Workforce Planning.

15.4 Strategically Aligned

A key evolution within our service will see the change in approach from transactional to Business Partner model, across all services. This will allow the workforce team to become more involved and more integrated in the delivery of key service, adding value in all of our key activities.

15.5 Data Driven

A key theme to support the strategic evolution will be improvement in how we use and utilise our data. The State Hospital has significant data available in multiple formats, but the refinement of this data, principally through performance and health dashboards will be key.

Reliable real time data will also be key in driving sustainability and value for money, along with moving to a more proactive approach and reliance on data.

15.6 Focus On Continuous Improvement

In recognising the requirement for change and transformation, the State Hospital Workforce Directorate require to provide real focus on sustainability, value for money and the opportunity for transformational change.

This focus should be a key priority in day to day actions but aligned to being more strategically linked to organisational business need, with more relevant real time data, it will a key activity area over the coming years.

These strategic aims recognise that the importance of our employees in our success: employee health and wellbeing is a key component in workforce productivity and organisational effectiveness and crucial for the delivery of high-quality services and patient care.

Our focus on Organisational Health will facilitate more of a focus on the fundamentals in terms of a positive culture, energising environment, effective managers, and strong working relationships.

These themes will also support the State Hospital in developing an open, inclusive culture which engages all staff, encouraging feedback and providing ways through which they can help to further improve the quality of care for our patients.

Workplace health and wellbeing is multifaceted, and many factors can impact and influence the health and wellbeing of individuals and teams. Mental and physical health, and a healthy lifestyle all contribute to an individual's health and wellbeing however, other factors such as work relationships, leadership and management support, and the work environment are also important for workforce wellbeing and health.

Our journey and evolution, along with our progress on the Workforce Plan 2025-28, will be reviewed through our Staff Governance Committee, which provides the oversight and governance of workforce related KPIs.

The Workforce Governance Group (WGG) provides reporting to Staff Governance Committee via the CMT. WGG oversees the governance around decision making processes, update on the three year workforce plan and associated strategies for example recruitment and retention and wellbeing, as well as ensuring the State Hospital meets the various Workforce policies and terms and conditions of service.

15.7 Workforce Equalities

Scottish Government requires NHS Boards to embed anti-racism objectives within Senior Executives for the year 2024/25. These should include a commitment that the Board will develop and deliver their own anti-racism plan, covering both the workforce and racialised health care inequalities. Further guidance on this request was provided in DL23 (2024) which included the document intended to support the development of each NHS Board's own anti-racism plan. Scottish Government confirmed that the development and delivery of anti-racism plans would not be within annual delivery plan reporting, but in a flexible format with the first report provided by 31 January 2025.

The State Hospital has established a Workforce Equalities Group in early 2025 to take forward an action plan to progress workforce equalities initiatives and embed these in the State Hospital practices. The group will also review progress on the State Hospital Equalities Monitoring Outcomes for 2025-29.

MTP action number	Planning Commitment	The State Hospital Board Action	Delivery timescale
9.1	Strategic Planning.	Development and implementation of Workforce plan.	2025/26 Q1
9.2	Workforce Action Plan.	Annual Action plan associated with Workforce strategy.	2025/26 Q1
9.3	Organisational Health.	Continue to raise awareness of Organisational Health, increase profile and focus.	2025/26 Q1/2
9.4	Sustainable workforce.	Revised Maximising Attendance Approach.	2025/26 Q2
9.5	Organisational Health.	Launch of OD Strategy, with focus on three key areas: 1. Direction. 2. Leadership. 3. Working Environment.	2025/26
9.6	Data driven.	Establish data dashboards and opportunities to influence decision making.	2025/26 Q3
9.7	Strategic Alignment.	Implement business partner model across the State Hospital teams to align workforce with departments.	2025/26
9.8	Anchors Strategy.	Review employability agenda, with community focus.	2026/27 Q2
9.9	Workforce Equalities.	Establish Workforce Equalities Group.	2025/26
9.9.1	Workforce Equalities.	Development of workforce equalities action plan including anti-racism plans.	2025/26 Q1
9.9.2	Workforce Equalities.	Identification of training requirements.	2025/26 Q2
9.10	Sustainable workforce.	Support Reduced Working Week (RWW) to 36 hours.	2025/26 Q3
9.10.1	Sustainable workforce.	Support teams to develop plans for RWW.	2026/27 Q1
9.10.2	Sustainable workforce.	Support implementation of RWW plans.	2026/27 Q1
9.11	Strategic Alignment.	Review annual action plan associated with Workforce Strategy.	2026/27 Q1

MTP action number	Planning Commitment	The State Hospital Board Action	Delivery timescale
9.12	Organisational health.	Focus on Manager and Leadership Development.	2026/27
9.13	Continuous Improvement.	Embed Organisational Health Approach.	2026/27
9.14	Strategic Alignment.	Annual Action Plan with Workforce Strategy.	2027/28 Q1

16 VALUE FOR MONEY AND ACHIEVING FINANCIAL BALANCE

16.1 Financial Balance

Scottish Government continues to highlight the challenging national financial position for NHSScotland. All Boards have been instructed to achieve breakeven, with no brokerage option available and the Support and Intervention Framework now in operation. The requirement for recurring savings on baseline budgets is increasingly challenging given the ongoing national financial position.

The State Hospital has developed its three year finance plan to outline the high level Revenue and Capital budget spending plans with known budget pressures outlined. The State Hospital Finance Plan is subject to review and approval by Scottish Government and will align with both the Delivery and Workforce plans.

The State Hospital has consistently achieved financial balance; however this has become increasingly challenging and forecast to remain so with the requirement to achieve recurring savings. It is noteworthy that only 14% of the State Hospital budget of costs are non-pay related.

The State Hospital has in place a range of approaches to support managers to have oversight and management of budgets. A consistent pressure for the State Hospital has been costs associated with staffing. A review of the requirements for staffing within nursing, which has the biggest pressure, has been carried out and high level oversight in place to better understand and deploy resource for this budget.

Internally to support financial management and oversight, The State Hospital has regular reviews to assess savings plans within each area and identify specific initiatives in order that these can be achieved. The State Hospital aims to achieve financial stability, with key element of this being to empower managers to manage budgets and to automate as many processes and reporting to aid effective oversight.

Business transformation and innovation are also import elements of the collaboration across national Boards. The State Hospital will engage with and take forward modernisation systems for Human Resources, Payroll, Finance and Procurement.

16.2 Procurement

The State Hospital aims to provide the best value for money, benefits for patients and ensuring sustainable goods and services by maximising procurement technologies and digital innovation. The State Hospital will continue to collaborate with the wider NHSScotland procurement community and extend contract management to maximise performance. The State Hospital will support the implementation of the replacement PECOS system and also implement the new business system (Public Contracts Tender Portal) and support implementation of any new digital innovation (DI) systems.

The State Hospital reviews its Service Level Agreements and contracts on a regular basis, taking action to update these and ensure value for money where required. The State Hospital will continue to work with stakeholders to identify waste and inefficiency. The Procurement Reform (Scotland) Act 2014 requires authorities to comply with the Sustainable Procurement Duty where applicable. The Scottish Government Sustainability Toolkit is used in all regulated tenders to identify opportunities to ensure sustainable contracts. The State Hospital will also ensure governance and regulated procurement compliance in all activity to reduce risk and maximise value. The State Hospital will also seek to embed sustainability, support the climate change targets and support initiatives and projects which lead to continuous improvement.

16.3 Digital and e-health

There has been significant focus on developing the organisations digital and e-health function over the last few years. The State Hospital remains fully committed to digital development and enablement; however the significant financially challenging position will impact on the State Hospital ability to deliver its digital inclusion ambitions. The hospital aims to make the best use of digital technologies in the design and delivery of services delivering greater access, better insight, and improved outcomes for patients.

The State Hospital has invested in a Business Intelligence Team who continue to develop a suite of dashboards to inform both clinical and managerial decision making and ensure fit for purpose data is readily available. The focus for 2025/26 will be to develop business intelligence financial dashboards for clinical staff to support financial planning and decision making.

The State Hospital continues to support the development of digital capability and will promote nationally developed learning resources to support the development of staff digital capability through Turas (national digital learning platform).

The State Hospital is committed to ensuring fit for purpose data is readily available and accessible. The focus for e-health teams is to equip staff with the ability to understand and interrogate data-driven recommendations and decision support tools. Through involving staff in the design of these tools and supporting them to improve patient outcomes we aim to empower those delivering services to have confidence and ability to gather, safely use, and share data to sustainably improve services. We aim to expand our specialist digital data design and technology professional workforce ensuring there's appropriate level of leadership, skills, and capacity. The State Hospital will progress infrastructure systems, ensuring that regulations, standards, and governance are in place to ensure robust and secure delivery. We aim to move to a digital system for all records.

Cyber security continues to be recognised as a high risk and concern for all Boards, with significant focus for the State Hospital. The Network Information and Security Regulation (NIS) is at the fore front of everything we do. The State Hospital was audited against the NIS standards in 2023 and achieved a high standard, which we have sought to improve on. A second audit was carried out in October 2024. The State Hospital will continue to work towards improvement in network security, the next full review from NIS is due in 2026.

The State Hospital has invested in the development of the electronic patient record (RiO). This requires regular updates and internal redesign to meet the needs of those delivering services to ensure that reporting and recording of patient care is accurate and useable. The State Hospital has developed bespoke modules on RiO to support improved observation practice, psychological service referrals, CPA process review and Variance Analysis Tool redesign.

The State Hospital has engaged with the adoption and implementation of national digital programmes including M365, SharePoint and e-roster. These programmes are complex and have a variety of products e.g. e-roster has Safe care, Allocate, Health Medics Optima and Loop. The State Hospital will adopt and adapt elements of these products to meet its needs. The State Hospital will continue to link in with the national programmes as they develop with the requirement to ensure preparatory work in track for these systems.

16.4 Digital Inclusion

The State Hospital is keen to progress digital inclusion for patients, both to improve the patients' experience and also to support care and treatment. Presently, patients within the State Hospital are at a disadvantage in terms of digital inclusion compared to patients being cared for within other forensic settings across NHSScotland. In November 2018, the Forensic Network produced a key report "Supporting Communication and Technology Use in Mental Health Settings", and post pandemic this was updated in May 2021. In January 2024, Scottish Government indicated that they would engage with the Forensic Network to develop a Delivery Plan based on the recommendations from the above reports.

Within the State Hospital, a digital inclusion strategy was prepared, with stakeholder engagement during 2023/24. However, this is now on hold due to financial constraint. Funding for both capital and revenue (staffing/resourcing) support is required. In the meantime, all other potential funding options continue to be reviewed and investigated, and consideration is given to any elements of the overall programme which can be addressed within existing resources and budgets.

In Q4 2024/25 the State Hospital was offered an electronic platform, Made Purple Operating system equipment and software at no initial cost to provide 'proof of concept' testing to be taken forward. The aim of this would be evaluate the systems effectiveness in enhancing patient engagement and digital inclusion and contribute to strengthening the business case for consideration for future funding opportunities. This will be taken forward in 2025/26 and recommendations from this built into future funding opportunities.

MTP action number	Planning Commitment	The State Hospital Board Action	Delivery timescale
10.1	Three year finance plan 2025-2028.	Action plan associated with 3 year finance plan.	2025-2028
10.2	Financial management.	Development of local dashboards to support financial analysis and management.	2025/26 2026/27
10.3	Financial Compliance.	Making Tax Digital.	2025/26 2026/27
10.4	Patient digital Inclusion /patient funds.	Patient digital inclusion / patient funds.	Depends on funding
10.5	Digital Inclusion.	Transitions service Test Made Purple equipment/software to provide proof of concept before full roll out.	2025/26 Q2/3

MTP action number	Planning Commitment	The State Hospital Board Action	Delivery timescale
10.6	Digital Infrastructure.	Ensuring that regulations, standards, and governance are in place to ensure robust and secure delivery.	2025-2028
10.7	Business Service Transformation.	Development and support implementation of systems for HR, Payroll, Finance and Procurement.	2026/27 2027/28
10.8	Business Service Transformation.	Support implementation of the public contracts tender portal and any new DI system.	2026/27
10.9	The State Hospital will continue to link in with the National Digital Programmes as they develop.	The State Hospital has engaged with the adoption and implementation of programmes including M365, SharePoint and e-roster.	2025-2028
10.9.1	The State Hospital will continue to link in with the National Digital Programmes as they develop.	e-roster - Safe Care – all rosters will use phase 1, with phase 2 will be rolled out for Nursing Hub rosters	2025/26
10.9.2	The State Hospital will continue to link in with the National Digital Programmes as they develop.	Allocate - the impact of the RWW will enable review of the digitalised system and enable it to be used to fuller potential. The State Hospital will move from a centralised resource management approach to a ward based approach, giving the Senior Charge Nurse overview and management of rosters via allocate.	2025/26
10.9.3	The State Hospital will continue to link in with the National Digital Programmes as they develop.	Health Medics Optima – continue to explore the opportunities around this.	2025/26
10.9.4	The State Hospital will continue to link in with the National Digital Programmes as they develop.	Loop - Management of annual leave for all non-nursing rosters to be fully embedded in this approach.	2025/26
10.10	Network security	NIS audit.	2026

17 CLIMATE AND SUSTAINABILITY

The State Hospital recognises the role it plays in NHSScotland's approach to the climate emergency as set out in DL (2021) 38. The State Hospital operates from fifteen buildings including patient accommodation, off ward therapy areas, offices, carers' facilities, security buildings and estates buildings. The State Hospital also manages land and buildings covering an area of sixty-three hectares.

As a relatively modern hospital, the State Hospital does not require an extensive plan of works to reach national targets on climate change. However, the State Hospital continues to develop and implement work to reduce the hospital's impact on climate and improve sustainability. The State Hospital buildings will also need lifecycle maintenance. Maintenance costs will inevitably increase as the facility ages. These costs now need to be planned for to maintain standards of building quality for patients and staff to enable a level of care. The State Hospital will require to develop a planned maintenance programme to ensure that buildings continue to be fit for purpose.

The State Hospitals Board for Scotland is obliged to meet decarbonisation targets set by NHSScotland Assure. The most critical targets are:

- 75% reduction in emissions by 2030.
- Decarbonised heat by 2038.
- Net Zero by 2040.

The State Hospital has already reduced emissions by 83.7% against the baseline year 1993/94, which is within the five year 1990 Kyoto window. Therefore, the State Hospital is well-ahead of the 2030 target. However, without targeted decarbonisation measures the health board would not meet the other two key targets. In the medium term a feasibility study will be commissioned to explore use of new technologies to meet the decarbonisation target.

In September 2023, 'Jacobs Carbon and Energy Consulting' published the '*NHS The State Hospital Net Zero Route Map Report*' following a number of site visits, and the hospital continues to progress the recommendations, to support movement towards the 2040 target wherever possible.

The bulk of carbon savings in 2030 are proposed to be delivered by deployment of on-site renewable generation, whereas in 2040 it is the decarbonisation of heat that drives the health board towards Net Zero.

To meet the decarbonising of heat sources target, The State Hospital will require to commission a feasibility study to explore the use of new technologies such as ground source/air source heat pumps, and any emerging technologies that would be suitable for the site.

With the target year being 2038, this will require to be completed over the next five to six years.

Electrical renewable technology to be explored for the site includes wind (turbine) and solar PV. This work will coincide with the feasibility study for the decarbonising of heat sources over the next 5/6 years.

The State Hospital will also develop and implement a high-level waste route map, move forward with an active travel agenda, including active business travel, increase biodiversity/greenspace awareness to contribute towards achievement Net Zero by 2040.

Recent development has included Electric Vehicles (EV) which have now been added to the fleet, with further EV's planned. EV charging points have now been extended to the car park for staff use and additional points are being added internally for future EV's. New LED lighting is also being introduced across the Hospital.

The tables below contain the current modelling report for the State Hospital's Net Zero performance on a business-as-usual scenario.

CO2e Emissions Targets	Emissions Type	1993/94	2023/24 Reported Figures	2025 Interim Target	2030 Interim Target	2035 Interim Target	2040 Net Zero Target
The New % Pathways to a 2040 Net Zero Outcome.	CO2e Emissions Targets	Baseline	-63.6%	-65.5%	-75%	-87.5%	-100%
Target – Our Current Usage Trend will have to follow these trajectories.	Tonnes	10,678	3,887	3,684	2,670	1,335	0
Actual and Predicted CO2e Emissions from now to 2040.	Tonnes	10,678	1,739	1,653	1,446	1,332	1,264
CO2e Emissions – Current Pathway based on current anticipated energy use.	Based on 1993/94 usage levels	-	-83.7%	-84.5%	-86.5%	-87.5%	-88.2%
Potential Shortfall	N/A	N/A	-20.1%	-19.0%	-11.5%	0.0%	11.8%

Governance for the Climate Change and Sustainability agenda is through the newly established Climate Change and Sustainability Group which has the lead responsibility and is accountable to the Security, Resilience, Health, and Safety Oversight Group. The Group ensures an integrated approach to sustainable development, harmonising environmental, social, and economic issues.

MTP Action Number	Planning Commitment	The State Hospital Board Action	Delivery timescale
11.1	Net Zero Target	Develop and implement a high-level waste route map.	2025/26
11.1.1	Net Zero Target	Progress an active travel agenda.	2025/26
11.1.2	Net Zero Target	Increase biodiversity/greenspace awareness.	2025/26
11.1.3	Net Zero Target	Fully implement an EMS for the State Hospital.	2025/26
11.2	Planned maintenance programme.	The State Hospital will develop a planned maintenance programme to ensure that building continue to be fit for purpose	2025/26
11.3	Decarbonisation of heat sources.	Commission a feasibility study to explore the use of new technologies such as ground source/air source heat pumps, and any emerging technologies that would be suitable for the site.	2028

18 DELIVERING ORGANISATIONAL EXCELLENCE

18.1 Governance

There are three statutory governance strands for NHS Boards in Scotland.

The State Hospital structure is aligned through the:

1. Clinical Governance Committee.
2. Staff Governance Committee (which sponsors the Remuneration Committee).
3. Audit and Risk Committee.

Each committee meets quarterly and has a structured workplan to support active oversight within its remit. The committees review their terms of reference annually; and each will provide an annual report to the Board as assurance that the terms of reference have been met, and that the committee has fulfilled its remit

Additionally, the Board will stand up additional governance structures when required - the project Oversight Board for the Perimeter Security and Enhanced Internal Security Systems Project will be finalised within 2024/25 with final reporting to the Board by June 2025.

The Board also supports a structure of Professional Advisory Committees (PACS) under the umbrella of the Clinical Forum. The forum was paused during 2024 and scheduled to re-start in January 2025. The structure of the PACS is under active review of their terms of reference and membership. This is to align this structure to practice in this area across NHSScotland, providing a structured route for engagement with professional colleagues to raise clinical views outwith the existing management structure.

The Board works actively to review its corporate governance arrangements, taking direction from the NHSScotland Blueprint for Good Governance. This is a process of continuous improvement, with the key focus in 2025/26 being continued implementation of the Board Improvement Plan as well as supporting the next phase of self-assessment, expected to be rolled out through NHS Education for Scotland in early 2025.

The State Hospital continues to review its management reporting systems and organisational groups actively, to embed a streamlined linear approach, and to underpin assurance reporting for the Board. This structure is led by the Chief Executive.

18.2 Information Governance

The aim of information governance service within the State Hospital is to ensure that the hospital handles information legally, securely, efficiently, and effectively. Governance structure for information governance is through the Information Governance Group, chaired by the Senior Risk Information Owner who is responsible for progression of attainment levels in relation to Information Governance Standards - reporting to the Finance, eHealth, and Audit Group, then onto the State Hospital Board.

The Caldicott Guardian principles are integrated within the initiatives and standards required by NHS QIS for Information Governance and attainment levels are recorded via the Information Governance Toolkit.

The State Hospital seeks to continue to work to improve Information Governance standards and practices across the hospital. The State Hospital encourage staff to adopt good Information Governance standards through a number of measures, and to complete mandatory online Information Governance learning modules.

The State Hospital will review baseline tasks required for the organisation for information governance to ensure that we deploy the most efficient approaches. Information Governance is reviewed by Information Commissioners audit (ICO), the State Hospital was last audited against the ICO standards in 2023 and achieved a 'high' rating, however work continues to ensure we sustain this levels and also make improvements.

18.3 Records Management

The Information Governance Group also has oversight of Records Management (RM). In the State Hospital there has been recent changes in the structure of the records management department with improvements noted in RM within the organisation. An overarching RM Policy was approved in 2024, and a formal Retention and Destruction Policy was agreed in 2023, and work is ongoing with regard to guidance on version control and naming conventions. The RM department has contributed to the development of the national Records Management Code of Practice and will continue to support ongoing updates to this document as well as the national Business Classification Schedule.

A full resubmission of the Records Management Plan (RMP) was completed and submitted to the Keeper of the Records in the National Records of Scotland in December 2024. Feedback on the RMP will form part of the actions for the RM team going into 2025-2028.

18.4 Communications

The State Hospital has a well-established Communications Service that connects the organisation with its stakeholders, including staff, the local community, the general public, professional bodies, and local/national government. The services provided include consultancy, electronic communications, video production, media and social media management, marketing materials, corporate publications, and stakeholder engagement.

The Communications Strategy 2025-30 shapes communication efforts over the next five years, aligning with organisational priorities and capitalising on emerging tools and trends to maximise impact and engagement. Internally, the service is committed to meeting the needs of the 'Well Informed' strand of the Staff Governance Standard. Externally, focus is on increasing the State Hospital visibility and raising awareness of severe and enduring mental illness. The aim is to reduce stigma by fostering a better understanding of mental illness, promoting open dialogue, and enhancing the hospital's role in high-secure care through targeted communication efforts. The strategy builds on existing communication strengths, refining organisational messaging while leveraging a diverse range of communication tools to deliver a unified narrative to stakeholders.

Focus also remains on building capacity for the future, with a particular emphasis on enhancing resilience, succession planning, and fostering sustainable growth.

Equally important is the need to stay current with and embrace digital technologies and advancements, ensuring that communication channels remain innovative and effective in meeting the needs of stakeholders.

18.5 Performance

The State Hospital is a Special Health Board serving the population of Scotland and Northern Ireland and is part of NHSScotland. The State Hospital has a sponsorship agreement with Scottish Government which has been reviewed by the Public Bodies Unit. This framework sets out how the State Hospital will operate and defines key roles and responsibilities which underpin the relationship between the State Hospital and Scottish Government. The State Hospital retains its functional independence, and its executive directors are accountable to the State Hospital Board through the Chief Executive.

The State Hospital sponsorship agreement is a key part of the accountability and governance framework. Legislative provisions shall take precedence over any part of the document.

As part of the sponsorship agreement, the State Hospital is held accountable for the delivery of its planned commitments through quarterly Sponsorship Meetings with Scottish Government where the Boards performance against delivery commitments is monitored and discussed. The State Hospital also has an annual review with Scottish Government as part of the NHSScotland Review process.

The State Hospital has both internal and external auditors who provide an objective audit function to monitor both business as usual activities and specific projects. Internal audit cycles are agreed and monitored through the Audit and Risk Committee and the Board. The external auditor provides an annual review of data and activity to provide an analysis and reporting on the State Hospital functions.

External monitoring is also carried out by the Mental Welfare Commission.

Internally, quarterly Directorate Performance Meetings have been established. These provide an opportunity to review and discuss the performance of each directorate and its unique contribution and challenges. Performance is also reviewed throughout the management group structure of CMT/Organisational Management Team and Service Leadership Teams. There are also corporate governance mechanisms of the Board and sub committees' structure.

The State Hospital has an established programme of Strategic Planning, Performance and Governance Meetings. These take place quarterly and provide the opportunity to review in detail performance, planning, and governance issues.

MTP Action number	Planning Commitment	The State Hospital Board Action	Delivery timescale
12.1	Blueprint for Good Governance.	Implementation of Board Improvement Planning Cycle.	2025/26
12.2	Information Governance.	Implementation of ICO audit actions.	2025/26
12.3	Records Management Plan.	Implement key actions from the National Records of Scotland feedback on the RMP.	2025-28
12.4	Communications.	Delivery of the Communications Action Plan.	2025-28